



1-13-05

Docket No. AM100123
PatentA P 1645 \$
ZJWIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: **BIGBIE et al.**
Application No.: **09/840,485** Group Art No.: **1645**
Filed: **April 23, 2001** Examiner: **Khatol S. Shahnan**
For: **EQUINE PROTOZOAL MYELOENCEPHALITIS VACCINE**
Confirmation No.: **5730**
Customer Number: **25291**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS**

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed **July 19, 2004**.

1. **REQUEST FOR ORAL HEARING**

☐ An oral hearing is respectfully requested. Pursuant to 37 CFR 41.20(b)(3), the fee is \$1,000.00.

2. **FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 41.20(b)(1), the fee for filing the Notice of Appeal is **\$500.00**.

3. **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(a) ☒ Applicant petitions for an extension of time for the total number of months checked below.

<input type="checkbox"/>	One Month.	Fee in the amount of	\$ 120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$ 450.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$ 1,020.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$ 1,590.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$ 2,160.00

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV100497631US addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

January 13, 2005
Date

Cecilia Chessell
Cecilia Chessell

01/18/2005 MMEKONEN 00000078 011425 09840485

01 FC:1253 1020.00 DA

01/18/2005 MMEKONEN 00000078 011425 09840485

02 FC:1401

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NoticeAppeal.dot - Rev 12/04

If an additional extension of time is required, please consider this a petition therefore.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefore of \$0.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: **\$1,020.00**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**


The total fee due is:

Notice of Appeal fee	\$500.00
Extension fee (if any)	1,020.00
Oral Hearing fee	0.00
TOTAL FEE DUE	\$1,520.00

5. **FEE PAYMENT**

Charge fee to **Deposit Account No. 01-1425**. A duplicate of this petition is attached.

If any additional extension and/or fee is required, charge Account No. 01-1425.



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